

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X 6060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name	s (number and street, city, state, zip code)	Telephone Number 812 944 2334	Date of Insp (mm/dd/yr)	18-06
Owner	Pasque	lina	Purpose:	Follow-up	
Owner's A		uti.	1. Routine 2. Follow-up	NO	10 days
	_		3. Complaint	Summary of Violations:	
Person in C	1 artino		4. Pre-Operational	4. Pre-Operational C NC 3 R 5. Temporary	
Responsible	e Person's l	E-mail	6. HACCP	Menu Type	(See back of page)
Certified F			7. Other (list)	12_	3 4 X 5
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"					
	ON(S) REPE	ATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN		AND IN THE NA	ARRATIVE BELOW AS "R"
Section#	C/NC	R Narra	tive		To Be Corrected By
304	NL	Observed maker cups at check out to	be wet stucked		Corrected
		-allow to mir dry	· · · · · · · · · · · · · · · · · · ·		
<u> </u>	-	- wash in multiple batches for	s avoid build-op of me	t cups	
324	NC	Observed oder at walk-in cooler drain week			1 week
410	NC	Observed shattened light shield	I in back slock close	et	Corrected
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and the second of (signature).					
ce:		. cc:		cc;	: